

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27852**

FILED AUG 23 1951

BIRTH NO. _____		REG. DIST. NO. <b>278</b>		PRIMARY REG. DIST. NO. <b>3054</b>		Registrar's No. <b>78</b>			
1. PLACE OF DEATH a. COUNTY <b>Pike</b> <b>0820</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Pike</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bowling Green 0820</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike Co. Hospital</b>				d. STREET ADDRESS (If rural, city/location) <b>0</b>					
3. NAME OF DECEASED a. (First) <b>Pearl</b> b. (Middle) <b>Rosalie</b> c. (Last) <b>Boston</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8. 7. 51</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 13, 1891</b>		9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR: Months _____ Days _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HSW</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Corso, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Richard Fletcher</b>			13b. MOTHER'S MAIDEN NAME <b>Fannie Weatherford</b>		14. NAME OF HUSBAND OR WIFE <b>Zip Boston</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Pike Co. Hospital Record # 2</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uraemia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardio-Renal Disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>10 yrs +</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>442 X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <b>7-20</b> , 19 <b>51</b> , to <b>8-7</b> , 19 <b>51</b> , that I last saw the deceased live on <b>8-7</b> , 19 <b>51</b> , and that death occurred at <b>10:50 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Bernice Collier M.D.</b>				23b. ADDRESS <b>Louisiana, Missouri</b>		23c. DATE SIGNED <b>8-9-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-10-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion</b>		24d. LOCATION (City, town, or county) (State) <b>Pike Co. MO</b>			
DATE REC'D BY LOCAL REG. <b>Aug 10, 1951</b>		REGISTRAR'S SIGNATURE <b>Bernice Collier 374</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Garce BARKLEB, Bowling Green MO.</b>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: **AUG 22 1961**  
DISTRICT HEALTH OFFICE #2  
District File Number *8-51-1480*  
Date Filed: **AUG 22 1961**

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Harold C. Kink* \_\_\_\_\_

Licensed Embalmer No. *4597* \_\_\_\_\_

P. O. Address *Bowling Green, N* \_\_\_\_\_

Note: . The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.